

# MEMORANDUM

Agenda Item No. 3(A)(10)

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**TO:** Honorable Chairman Jean Monestime  
and Members, Board of County Commissioners

**DATE:** September 1, 2015

**FROM:** R. A. Cuevas, Jr.  
County Attorney

**SUBJECT:** Resolution retroactively  
authorizing in-kind services  
for the June 21-27, 2015  
"Camp FunRise"

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The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Commissioner Rebeca Sosa.

  
\_\_\_\_\_  
R. A. Cuevas, Jr.  
County Attorney

RAC/smm




## MEMORANDUM

(Revised)

**TO:** Honorable Chairman Jean Monestime  
and Members, Board of County Commissioners

**DATE:** September 1, 2015

**FROM:**   
R. A. Cuevas, Jr.  
County Attorney

**SUBJECT:** Agenda Item No. 3(A)(10)

Please note any items checked.

- ☐ "3-Day Rule" for committees applicable if raised
- ☐ 6 weeks required between first reading and public hearing
- ☐ 4 weeks notification to municipal officials required prior to public hearing
- ☐ Decreases revenues or increases expenditures without balancing budget
- ☐ Budget required
- ☐ Statement of fiscal impact required
- ☐ Ordinance creating a new board requires detailed County Mayor's report for public hearing
- ☒ No committee review
- ☐ Applicable legislation requires more than a majority vote (i.e., 2/3's \_\_\_\_, 3/5's \_\_\_\_, unanimous \_\_\_\_ ) to approve
- ☒ Current information regarding funding source, index code and available balance, and available capacity (if debt is contemplated) required

Approved \_\_\_\_\_ Mayor  
Veto \_\_\_\_\_  
Override \_\_\_\_\_

Agenda Item No. 3(A)(10)  
9-1-15

RESOLUTION NO. \_\_\_\_\_

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION AND OPEN SPACES DEPARTMENT FOR THE JUNE 21-27, 2015 "CAMP FUNRISE" SPONSORED BY THE ARTHRITIS FOUNDATION, FLORIDA CHAPTER, INC. AND MIAMI CHILDREN'S HEALTH SYSTEM FOUNDATION, INC. IN AN AMOUNT NOT TO EXCEED \$1,500.00 TO BE FUNDED FROM THE BALANCE OF THE DISTRICT 6 FY 2014-15 IN-KIND RESERVE FUND

**WHEREAS**, the Arthritis Foundation, Florida Chapter, Inc. and Miami Children's Health System Foundation, Inc. have requested in-kind services from the Parks, Recreation and Open Spaces Department for the June 21-27, 2015 "Camp FunRise" in an amount not to exceed \$1,500.00 (see attached Fee Waiver/In-kind Service Application); and

**WHEREAS**, "Camp FunRise" is a collaborative project that provides children with arthritis the opportunity to learn about their disease, meet others who share similar health issues and make lasting memories; and

**WHEREAS**, the week-long sleepaway camp is the only one of its kind serving children with juvenile arthritis in South Florida; and

**WHEREAS**, the Arthritis Foundation, Florida Chapter, Inc. and Miami Children's Health System Foundation, Inc. are not-for-profit organizations; and

**WHEREAS**, "Camp FunRise" is a small event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and \$1,500.00 of the in-kind services shall be funded from the balance of the District 6 FY 2014-15 In-Kind Reserve Fund,

**NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA**, that this Board retroactively authorizes in-kind services from the Parks, Recreation and Open Spaces Department for the June

21-27, 2015 "Camp FunRise" sponsored by the Arthritis Foundation, Florida Chapter, Inc. and Miami Children's Health System Foundation, Inc. in an amount not to exceed \$1,500.00 to be funded from the balance of District 6 FY 2014-15 In-Kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Commissioner Rebeca Sosa. It was offered by Commissioner \_\_\_\_\_, who moved its adoption. The motion was seconded by Commissioner \_\_\_\_\_ and upon being put to a vote, the vote was as follows:

Jean Monestime, Chairman	
Esteban L. Bovo, Jr., Vice Chairman	
Bruno A. Barreiro	Daniella Levine Cava
Jose "Pepe" Diaz	Audrey M. Edmonson
Sally A. Heyman	Barbara J. Jordan
Dennis C. Moss	Rebeca Sosa
Sen. Javier D. Souto	Xavier L. Suarez
Juan C. Zapata	

The Chairperson thereupon declared the resolution duly passed and adopted this 1<sup>st</sup> day of September, 2015. This resolution shall become effective upon the earlier of (1) 10 days after the date of its adoption unless vetoed by the County Mayor, and if vetoed, shall become effective only upon an override by this Board, or (2) approval by the County Mayor of this Resolution and the filing of this approval with the Clerk of the Board.

MIAMI-DADE COUNTY, FLORIDA  
BY ITS BOARD OF  
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By: \_\_\_\_\_  
Deputy Clerk

Approved by County Attorney as  
to form and legal sufficiency.

GKS

Gerald K. Sanchez

**MIAMI-DADE COUNTY  
FEE WAIVER/IN-KIND SERVICES APPLICATION**

COUNTY FEE WAIVERS OR IN-KIND SERVICES REQUESTED THROUGH THIS PROCESS ARE NOT EFFECTIVE UNTIL APPROVED BY  
ACTION OF THE BOARD OF COUNTY COMMISSIONERS PURSUANT TO THE MIAMI-DADE COUNTY HOME RULE CHARTER

Please complete the following form and submit completed form along with requested materials, if applicable, to:

Delores Green  
Office of Strategic Business Management  
111 N.W. 1st Street, Suite 2200  
Miami, FL 33128

Phone: (305) 375-5143  
Fax: (305) 375-5168

Type of Event/Application (select one of the following):

- ☐ District Event - Event of minimal impact related to specific commission district (Complete questions 1-7, sign and date; copy will be submitted to the appropriate District Commissioner within two days of receipt of application.)
- ☒ Small Event - Event of minimal impact not necessarily related to a specific commission district. (Complete questions 1-7, sign and date.)
- ☐ Special Event - Event with expected attendance of less than 5,000 with localized impact limited to an individual community or municipality (Complete questions 1-12, sign, date and submit form no later than 60 days prior to event date.)
- ☐ Major Event - Large Event with expected attendance of over 5,000 or significant probability of protests, controversy, violence or vandalism (Complete questions 1-12, sign, date and submit form no later than 120 days prior to event date.)

**Note: Event budget must be included for "Special" and "Major" event types.**

1. Full legal name of the requesting organization: The Arthritis Foundation Inc.  
& Miami Children's Health Foundation
2. Applicant Status: (Select one of the choices below)
  - ☒ Not-For-Profit or Tax Exempt
  - ☐ For-Profit
  - ☐ Local Government or Public Entity
  - ☐ Other (specify): \_\_\_\_\_
3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.): \_\_\_\_\_  
Susan Cuellar, Sr. Director, Community Help & Support, Arthritis Foundation Florida Region  
800-850-9455; fax: 813-968-1119; scuellar@arthritis.org  
Arthritis Foundation Florida Region, 14499 N Dale Mabry Hwy., Suite 139 Tampa, FL 33618
4. Specify fee waiver or in-kind service requested (quantify, if applicable): \_\_\_\_\_  
Fee Waiver \$1500 for Camp FunRise rental of AD Barnes Leisure Access Center

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): \_\_\_\_\_  
Camp FunRise June 21 thru 27, 2015; Week long sleep over camp for children ages 8 to 12 with juvenile arthritis.

Camp FunRise is collaborative project between the Arthritis Foundation Florida Region, Miami Children's Health Foundation and the Rheumatology Department of Miami Children's Hospital.

This camp provides children with arthritis the opportunity to learn about their disease, meet others who share similar health issues and make lasting memories. Knowing the financial burden arthritis has on the families, Camp FunRise is always free for the campers.

6. Please select ALL that apply to event:

- ☐ Economic Development: Event supports vitality or growth of the local economy  
☒ Youth/Education: Event benefits youth of any age and/or offers educational benefits  
☐ Health and Social Services: Event supports health-related causes and/or social programs or institutions that improve quality of life within the community  
☐ Arts and Culture: Event supports music, theatre, literature, art or culture  
☐ Environmental: Event benefits environmental concerns or promotes conservation  
☐ Sports and Athletics: Event supports/promotes organized sports or recreational participation

7. Physical address of event venues (please specify Commission District(s)): \_\_\_\_\_  
AD Barnes Leisure Access Center  
3401 SW 72nd Ave  
Miami, FL 33155

8. Description of regional or local impact: \_\_\_\_\_  
Florida has approximately 16,000 children under the age of 17 who live daily with arthritis. Camp FunRise is the only camp serving children with juvenile arthritis in the South Florida area. Camp Program focuses on what campers can do, not what they can't do. Campers are able to learn from others who have similar conditions and experiences. The program is designed to increase camper's self-esteem by creating opportunities for them to meet personal challenges, while increasing their disease understanding and management skills. Because of their medical needs, many of these children cannot attend other summer programs.
9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): \_\_\_\_\_  
Throughout the week, campers learn about their disease, work on understanding their treatment plans along with fun activities including arts & crafts, sports and nature crafts.

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): AD Barnes Leisure Access Center includes two large sleeping cabins, a multi-purpose building which includes a kitchen. The Park also has a Nature Center and swimming pool which we rent for activities.
11. Expected number of participants and estimated attendance (per day, if applicable): 37 total  
24 campers, 6 counselors, 3 medical staff, 2 program staff, 2 management staff
12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): Camp FunRise runs mostly on in-kind donations from MCH and MCHF and local business. AF FL contributes \$5000 cash for supplies, food and activities.

I hereby certify that all the statements made in this application are true and correct.

Susan Cuthbert  
Signature of Authorized Representative

3/30/15  
Date

**FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS****Detail by Entity Name****Foreign Non Profit Corporation**

THE ARTHRITIS FOUNDATION, INC.

**Filing Information**

<b>Document Number</b>	F06000002268
<b>FEI/EIN Number</b>	581341679
<b>Date Filed</b>	04/11/2006
<b>State</b>	GA
<b>Status</b>	ACTIVE
<b>Last Event</b>	CORPORATE MERGER
<b>Event Date Filed</b>	01/20/2015
<b>Event Effective Date</b>	NONE

**Principal Address**1330 WEST PEACHTREE STREET  
ATLANTA, GA 30309**Mailing Address**1330 WEST PEACHTREE STREET  
ATLANTA, GA 30309**Registered Agent Name & Address**CORPORATION SERVICE COMPANY  
1201 HAYES STREET  
TALLAHASSEE, FL 32301**Officer/Director Detail****Name & Address**

Title Chairman

Ortman, Michael  
1330 WEST PEACHTREE STREET  
ATLANTA, GA 30309

Title Immediate Past Chair

McGowan, Daniel  
1330 WEST PEACHTREE STREET  
ATLANTA, GA 30309

## Title Treasurer

Stewart, Laurie  
1330 WEST PEACHTREE STREET  
ATLANTA, GA 30309

## Title CFO

LARSON, KAREN  
1330 WEST PEACHTREE STREET  
ATLANTA, GA 30309

## Title President

PALMER, ANN M  
1330 WEST PEACHTREE STREET  
ATLANTA, GA 30309

## Title Secretary

Dunlay, Catherine  
1330 WEST PEACHTREE STREET  
ATLANTA, GA 30309

## Title VICE CHAIR

Chang, Rowland  
1330 WEST PEACHTREE STREET  
ATLANTA, GA 30309

**Annual Reports**

Report Year	Filed Date
2013	03/26/2013
2014	01/22/2014
2015	01/26/2015

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04/11/2006 -- Foreign Non-Profit

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State of Florida, Department of State

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



## Detail by Entity Name

### Florida Non Profit Corporation

ARTHRITIS FOUNDATION, FLORIDA CHAPTER, INC.

### Filing Information

Document Number	702175
FEI/EIN Number	590816892
Date Filed	03/20/1961
State	FL
Status	INACTIVE
Last Event	CORPORATE MERGER
Event Date Filed	01/20/2015
Event Effective Date	NONE

### Principal Address

410 12TH STREET WEST  
BRADENTON, FL 34205

Changed: 01/04/2013

### Mailing Address

410 12TH STREET WEST  
BRADENTON, FL 34205

Changed: 01/04/2013

### Registered Agent Name & Address

FORREST, ANNE  
410 12TH ST. W.  
BRADENTON, FL 34205

Name Changed: 02/24/2003

Address Changed: 01/04/2013

### Officer/Director Detail

#### **Name & Address**

Title OFF

FORREST, ANNE  
410 12TH STREET WEST  
BRADENTON, FL 34205

Title CH

OLDEN, DENNIS  
6212 BAYSHORE BLVD.  
APARTMENT E  
TAMPA, FL 33611

Title TD

HAGAN, TOM  
4677 HADFIELD DRIVE  
SARASOTA, FL 34235

Title SD

FASSETT, BRUCE  
19165 MURCOTTE DRIVE WEST  
FORT MYERS, FL 33912

#### Annual Reports

Report Year	Filed Date
2012	01/03/2012
2013	01/04/2013
2014	01/07/2014

#### Document Images

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## Detail by Entity Name

### Florida Non Profit Corporation

MIAMI CHILDREN'S HEALTH SYSTEM FOUNDATION, INC.

### Filing Information

Document Number	N12000008380
FEI/EIN Number	46-1784918
Date Filed	08/30/2012
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	02/11/2015
Event Effective Date	NONE

### Principal Address

3100 SW 62ND AVE  
MIAMI, FL 33155

### Mailing Address

3100 SW 62ND AVE  
MIAMI, FL 33155

### Registered Agent Name & Address

ANDREWS-SINGH, APRIL ESQ  
3100 SW 62ND AVE  
MIAMI, FL 33155

### Officer/Director Detail

#### **Name & Address**

Title DIRECTOR

MAS, JUAN CARLOS, Esq.  
3100 SW 62ND AVE  
MIAMI, FL 33155

Title Ex Officio Director

KINI, NARENDRA, MD  
3100 SW 62ND AVE  
MIAMI, FL 33155

Title Chairperson

Lopez, Marile  
3100 SW 62ND AVE  
MIAMI, FL 33155

Title President, CEO

Morillo, Lucy, Esq.  
3100 SW 62ND AVE  
MIAMI, FL 33155

Title Treasurer

Perez-Hickman, Fernando  
3100 SW 62ND AVE  
MIAMI, FL 33155

Title Secretary

Chowdhury, Ravneet, Esq.  
3100 SW 62ND AVE  
MIAMI, FL 33155

Title Officer

Kerr, Steven, Phd  
3100 SW 62ND AVE  
MIAMI, FL 33155

Title Director

de la Vega, Mayi  
3100 SW 62ND AVE  
MIAMI, FL 33155

Title Director

Kern, Drew  
3100 SW 62ND AVE  
MIAMI, FL 33155

Title Director

Martin, David  
3100 SW 62ND AVE  
MIAMI, FL 33155

Title Director

Miyares, Andria  
3100 SW 62ND AVE  
MIAMI, FL 33155

Title Director

# Memorandum



**Date:** September 1, 2015

**To:** Honorable Chairman Jean Monestime  
and Members, Board of County Commissioners

**From:** Carlos A. Gimenez  
Mayor

A handwritten signature in black ink, appearing to read "Carlos A. Gimenez", written over a horizontal line.

**Subject:** District Specific In-Kind Request

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A waiver for in-kind services has been requested by the Arthritis Foundation, Florida Chapter Inc. and the Miami Children's Health System Foundation, Inc., for their "Camp FunRise" event held on June 21 - 27, 2015.

In-kind services have been requested in an amount not to exceed \$1,500.00 from the Miami Dade Parks, Recreation and Open Spaces Department for the use of A.D. Barnes Park facilities. This event will be funded from the balance of District 6 FY 2014-15 In-Kind Reserve Fund.

A handwritten signature in black ink, appearing to read "Edward Marquez", written over a horizontal line.

Edward Marquez  
Deputy Mayor

Inkind01523